

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	04/07/2019 16:31
Date Of Accident	03/07/2019 17:00
Exact Location Of Accident	CHANGI VILLAGE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP1926S
Insured/Policyholder	
Name Of Registered Owner	AXXEL MARKETING PTE LTD
Co Reg No	199308000E
Email Address	STORE2@AXXEL.BIZ
Mobile Phone No	
Alternative Phone No	OFFICE-62835722

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA454497/1
Cover Note Number	

Driver

Name of Driver	MA FEI
NRIC No	G2294340K
Date Of Birth	21/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93216394
Fax Number	
Contact Number	
EEmail Address	MALE861221@QQ.COM

Address	C/O 84 GENTING LANE #04-07 SINGAPORE
Postcode	349584
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK540H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE1106Y
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

re
4/7/19
4:20pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Penmen
Penmen

Sketch Plan #2

SKETCH PLAN

	<p>Vehicle</p> <p>A - YP1926S</p> <p>B - SLK540H</p> <p>C - GBE1106Y</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Vehicle </div> <div style="text-align: center;">  Motorcycle </div> </div>
---	---

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3/7/2019, Around 5pm. I was parked my lorry at Changi Village Carpark. While I went back to the carpark, I saw my lorry collided onto parked vehicle (SLK540H), and the SLK540H collided ~~back~~ onto the car beside (GBE1106Y). I remember I did pull up my hand brake but my lorry still rolled back. I am working for Axxel Marketing Pte Ltd and using the vehicle for delivery at the time of accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature: 

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time:

4:30pm
4/7/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

penwen

Common Statement

② GBE 1106Y

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 3/7/19 1:00		2 Exact location of accident Changi Village C/P		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) YP1926S

6 Insured / policyholder (see insurance cert.)

Name Axel Marketing Pte Ltd

Address 8A Genting Lane #04-07

S 344584

NRIC / Passport no. 1913 080000

Tel no. (from 9am till 5pm)

HP 6283 5722

7 Vehicle

Make, type ISUZU NPR

Insurance company AXA

Does the policy cover damage to vehicle A? No ☐ Yes ☒

Policy No. GA 45449711

9 Driver Same as Owner

Name Ma Fei

NRIC / Passport no. G2294340X

Class of licence 9321 8394

HP

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A
01
02
03
04
05
06
07
08
09
10
11
12
13
14
15
16
17
18
19
20
21
22

- Chain Collision
- Collided into Bicyclist
- Collided into Motorcyclist
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Rd
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drunk Driving / Drug Influence
- Fire, Explosion or Lightning
- Flood
- Hit and Run / Vandalism / Damaged whilst Parked
- Hit by Fallen Tree / Other Objects
- No Collision
- Side Swipe
- Theft

← State TOTAL number of boxes marked with a cross →

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively please make reference to one of the sketches on page 4

Registration No. (VEHICLE B) SLK540H

6 Insured / policyholder (see insurance cert.)

Name

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle

Make, type

Insurance company

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence) (if different from Insured B above)

Name

NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

15 Signatures of drivers

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II)						Own Workshop Email / Fax (if any)												
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)																		
Insured	1 Occupation (if more than one, state all) _____ Email: <u>store2@axxel.biz</u>																	
	2 Vehicle registration no. _____		C.C. _____		If commercial vehicle, state permissible carrying capacity _____													
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner <u>Employee</u>		State the vehicle number and name of owner of driver's own vehicle (where applicable) _____													
	4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____																	
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____																	
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A																	
	<input type="checkbox"/> B																	
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																	
	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																	
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>21/2/86</u>		Occupation <u>Indoor</u>		Date of license pass <u>15/4/2014</u>		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
			<u>Outdoor</u>				Was driver an employee of the insured's company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____																	
	9 Full details of all driving convictions including pending prosecutions in the last 36 months																	
	<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>							Date	Offence	Penalty								
Date	Offence	Penalty																
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle		Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>											
							Yes <input type="checkbox"/> No <input type="checkbox"/>											
							Yes <input type="checkbox"/> No <input type="checkbox"/>											
							Yes <input type="checkbox"/> No <input type="checkbox"/>											
							Yes <input type="checkbox"/> No <input type="checkbox"/>											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)											
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____																	
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																	
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/>		Raining <input type="checkbox"/>		Others _____											
	15 Road surface		Wet <input type="checkbox"/>		Dry <input checked="" type="checkbox"/>		Others _____											
	16 Speed of vehicles		A _____ km/hr		B _____ km/hr													
	17 What warnings were given by driver or other party? _____																	
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>																	
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____																	
	20 If your vehicle is commercial, state weight of load carried at time of accident _____																	
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)																	
22 State number of Passengers (Including Driver) <u>0</u>																		
Declaration	I/We declare the foregoing particulars are true in every respect																	
	Policyholder's signature _____						Date _____											
	Driver's signature (if driver is not the policyholder) _____						Date _____											

DRIVER NRIC & LICENSE Pg. 1

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
AXXEL MARKETING PTE LTD

Sector: **MANUFACTURING**

Name:
MA FEI

Occupation:
DRIVER

Work Permit No.
075733755

Date of Application:
09-12-2015

Date of Issue:
08-12-2017

Date of Expiry:
05-12-2019

L8496302

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2294340K**

Name: **MA FEI**

Birth Date: **21 Dec 1986**

Issue Date: **30 Sep 2013**

Valid Till: **29 Sep 2018**

002230077G

VISIT PASS
Immigration Regulations

Name:
MA FEI

9321 6394

Date of Birth: **21-12-1986** Sex: **M** Nationality: **CHINESE**

FIN: **G2294340K** Date of Issue: **08-12-2017** Date of Expiry: **05-12-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

Class 3: Motor cars < 3500 kg with < 8 passengers, exclusive of the driver, and motor tractors < 2500 kg

Class 4: Heavy motor cars and motor tractors > 3500 kg

EFFECTIVE DATE
30 Sep 2013
15 Apr 2014

S/No. 9000204274

Licence No. G2294340K

NP 428A

Accident Photo



Accident Photo

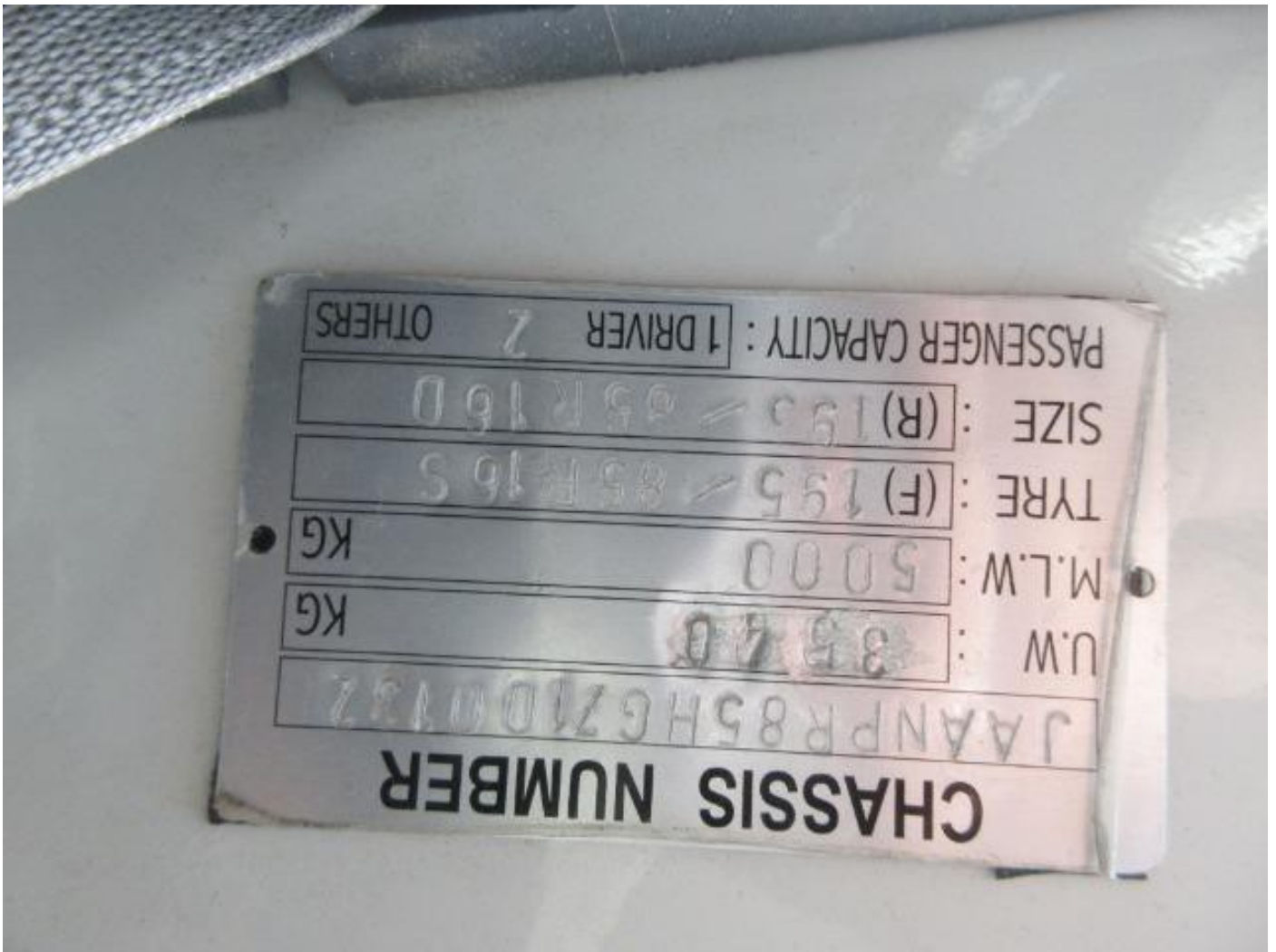


Accident Photo



Accident Photo







Accident Photo



SCENE PHOTO



SHOT ON MI 6
MI DUAL CAMERA

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

